

Agents of intervention for people with communication disability (PWCD) in Fiji

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Background

Fiji is a Majority World Country and small island nation located in the South West Pacific Ocean. Communication disability in Fiji is reported to be experienced by 39% of children enrolled in special schools¹, and 0.1% of the general population². The proportion of children with communication disability in mainstream settings is currently unreported in education data. Accessibility and availability of services for PWCD in Fiji is also unreported³. Wylie and colleagues⁴ outline 12 domains that influence accessibility and availability of services, which ultimately determine if a service is meeting the needs of its people.

Aim

To review the twelve domains that influence accessibility and availability of services for PWCD in the Fijian context, and provide detailed review of the current agents of intervention.

Results

Table1 provides a summary of the twelve domains that influence accessibility and availability of services for PWCD in Fiji. Table 2 provides a detailed review of agents of intervention indicating that six out of seven agents are found in Fiji⁵.

Table 2. Agents of intervention for PWCD in Fiji

Agents of Intervention	Fijian context
Qualified speech-language pathologists	<ul style="list-style-type: none">Ad-hoc freelance or international government agency volunteers.Diverse intervention methods (e.g., 1:1, small group and whole class teaching in addition to conducting parent and teacher in-services).Not culturally or linguistically matched to the Fijian population.
Mid-tier workers	<ul style="list-style-type: none">Persons who have been trained to work with one group of PWCD.Currently provide services to children with cleft lip and/or palate, and the Deaf.
Disability care workers	<ul style="list-style-type: none">Exist in both health and education settings in Fiji.Undergo short intensive training by specialists (e.g., speech-language pathologists, audiologists).Often volunteers from within the Fijian community.Training is sporadic and dependent on expertise from outside Fiji.
Traditional healers	<ul style="list-style-type: none">First option for many Fijians due to affordability and lack of other services in rural and remote areas.Intervention methods include use of herbal medicines (inhaled and ingested), chanting, and digital manipulation of the larynx.
Already qualified professionals trained for a new role	<ul style="list-style-type: none">No evidence found in Fiji.
Other professionals and family members guided by speech-language pathologists	<ul style="list-style-type: none">Limited numbers due to ad-hoc speech-language pathologist presence in Fiji.Evidence of information sessions provided to family members, university students, teaching staff, and community health workers.

Discussion

Many factors influence service availability and accessibility in Fiji. The number and type of agents of delivery of intervention for PWCD in Fiji is one such factor. Whilst various agents are available, their utilisation by and acceptance to PWCD in Fiji is unknown. Greater understanding of current agents intervention methods and alignment with international evidence-based practice methods for PWCD is recommended.

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Table 1. Twelve domains that influence accessibility and availability of services for PWCD in Fiji

(Adapted from Wylie, McAllister, Davidson, & Marshall, 2013)

Domain	Fijian context
1. Cultural appropriateness of service	Speech-language pathologists who are trained in Minority World Countries and work as volunteers in Fiji are unlikely to fully understand cultural norms. Whereas, non-speech-language pathology (non-SLP) services (e.g., traditional healers) will have a good understanding of cultural norms for their own ethnic group.
2. Sector delivering service	Non-governmental organisations or charities typically provide SLP services for PWCD. Traditional healer services are the only known private sector (for profit) providers. No public or government funded services are available; however, SLP services are supported by Ministry of Education legislation.
3. Geographical domain	SLP services are predominantly provided in urban areas. Non-SLP services (e.g., traditional healers) are provided widely.
4. Location of service	SLP services are predominantly provided within institutions (e.g., special schools); however, a small number of Fijians are using telehealth. Non-SLP services are usually provided in domicile.
5. Agents of delivery of intervention	See Table 2.
6. Level of intervention	Traditional healers and community based rehabilitation workers provide services within the home. Other providers work within Ministry of Education or Health facilities.
7. Recipients of intervention	The individual is the main recipient; however, there is also some evidence of immediate circle and paid/voluntary workers also receiving training in intervention methods from international speech-language pathologists.
8. Focus of intervention: levels of ICF	Intervention is focused at the level of impairment of the individual.
9. Responsivity of services	Services are dictated by the service provider. Rarely are they available when the PWCD needs it.
10. Continuity of service	Continuity is dependent on the agent of intervention. For example, qualified speech-language pathologists are sporadic, while mid-tier workers are continuous.
11. Sustainability of service	SLP and most non-SLP services are reliant on short-term funding (often dependent on local and international donations).
12. Rationalisation of services	Inequitable access with some communication disability groups receiving greater attention and urban clients receiving the bulk of SLP and non-SLP services.

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